

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4063AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2008
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET LAS VEGAS, NV 89119		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health of July 14, 2006.</p> <p>This statement of deficiencies was generated as a result of the annual State Licensure survey and complaint investigation conducted at your facility on September 17, 2008. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed.</p> <p>Complaint #NV00018802 was substantiated with deficiencies. See Tag YA773. Complaint #NV00018862 was substantiated, but no regulatory deficiencies were cited due to the actions taken by the facility.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review and interview on 9/17/08, the facility failed to ensure 1 of 4 employees received the required eight hours of annual training related to the needs of residents (#2). Findings include: On 9/17/08, a record review of Employee #2's file revealed no evidence of eight hours of annual training since June 28, 2007. On 9/17/08 at 9:00 AM, Employee #2 confirmed she had not had any training since June of 2007. This was a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 2 Scope: 2	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility failed to comply with the mandatory tuberculosis testing requirements for 3 of 4 employees (#1, #2	Y 103		

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Y 103	Continued From page 2 and #3). Findings include: On 9/17/08, the file for Employee #1 did not contain evidence of a two-step tuberculin (TB) screening test. On 9/17/08, the file for Employee #2, hired on 11/1/07, did not contain evidence of a health certificate from a physician. On 9/17/08, the file for Employee #3, hired on 1/6/06, did not contain evidence of the annual one-step TB screening test for 2007. This is a repeat test deficiency from the 6/13/07 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility failed to maintain a complete file with mandatory background check requirements for 3 of 4 employees (#1, #2, and #4). Findings include:	Y 105			

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Y 105	Continued From page 3 Employee #1 was hired on 10/23/07. The file for Employee #1 lacked documented evidence of a signed statement to verify the employee had not been convicted of any crimes listed in NRS 449.188. Employee #2 was hired on 11/1/07. The file for Employee #2 lacked documented evidence to confirm fingerprints were sent and a result was received from the Nevada Criminal Repository. Employee #4 was hired on 8/1/08. The file for Employee #4 lacked documented evidence to confirm fingerprints were sent and a result was received from the Nevada Criminal Repository. This is a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review and interview on 9/17/08, the facility failed to ensure caregivers were current with first aid and cardiopulmonary	Y 106		

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Y 106	Continued From page 4 resuscitation (CPR) certifications for 1 of 4 employees (#2). Findings include: On 9/17/08, a record review of Employee #2's file revealed CPR and first aid certificates had expired on 8/26/08. On 9/17/08, an interview with Employee #2 confirmed the certificates were expired. Employee #2 further stated appropriate a class would be taken as soon as possible. Severity: 2 Scope: 2	Y 106			
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 9/17/08, the facility failed to ensure the premises was clean. Findings include: During the 9/17/08 facility tour, numerous cigarette butts were observed all over the back yard. There was also a rusty baking pan and an ice tray noted in the side yard.	Y 178			

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Y 178	Continued From page 5 On 9/17/08, an interview with Employee #4 revealed the "cleaning people" were at the facility the day before (9/16/08) and were supposed to clean the yard. Severity: 1 Scope: 3	Y 178			
Y 179 SS=C	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation and interview on 9/17/08, the facility failed to provide a window screen for 1 of 7 resident bedrooms (Bedroom #8). Findings include: On 9/17/08 during the initial facility tour, the Bedroom #1 window was missing a screen. On 9/17/08, Employee #2 stated she thought all windows had screens in place. This is a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 1 Scope: 3	Y 179			
Y 273 SS=E	449.2175(4) Service of Food - Special Diets	Y 273			

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Y 273	Continued From page 6 NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on record review and interviews on 9/17/08, the facility failed to ensure a special diet was provided as prescribed by a physician for 2 of 8 residents (#3 and #7). Findings include: On 9/17/08, record review revealed Resident #3 was to be on a renal diet and Resident #7 was to be on a 1800-calorie American Diabetes Association diet. On 9/17/08, in interviews with Employees #2 and #3, both stated they were not aware of the special diet orders. This is a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 2 Scope: 3	Y 273		
Y 434 SS=E	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the	Y 434		

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Y 444	Continued From page 8 On 9/17/08, a review of the smoke detector check log revealed the last smoke detector check was completed on 7/6/08. There were no smoke detector checks performed for 8/2008. On 9/17/08, Employee #2 stated: "I forgot to do it." This is a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 2 Scope: 2	Y 444		
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview on 9/17/08, the facility failed to ensure physical examinations were completed for 2 of 8 residents (#2 and #5). Findings Include:	Y 859		

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Y 859	Continued From page 9 Resident #2 was admitted to the facility on 7/7/08. The file for Resident #2 did not contain an initial physical examination performed by a physician prior to admission. Resident #5 was admitted to the facility on 9/20/06. The file for Resident #5 did not contain an initial and an annual physical examination performed by a physician. Employee #1 reported that facility files needed to be reviewed and reorganized due to missing paperwork. Severity: 2 Scope: 2	Y 859			
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility failed to ensure an agreement for the employees to manage and administer medications had been signed for 3 of 8 residents (#3, #5 and #7). Findings include: The files for Resident #3, #5 and #7 did not contain signed agreements authorizing the facility	Y 876			

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Y 876	Continued From page 10 to administer medications to each resident. This is a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 1 Scope: 3	Y 876			
Y 898 SS=E	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility failed to obtain physician orders for medications being administered to 3 of 8 residents (#1, #3, and #6). Findings include: Resident #1 was admitted to the facility on 7/9/08 with multiple diagnoses including hypertension, hemorrhagic cerebrovascular accident and sinus bradycardia. Resident #1's medications included a bottle of APAP 500 mg tablets, equivalent to Tylenol Extra Strength. The resident was to receive 1 tablet by mouth every 6 hours as	Y 898			

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Y 898	<p>Continued From page 11</p> <p>needed. Record review revealed no physician's order for the medication. Employee #2 also reported the medication was brought in by the resident upon admission, but she never obtained a copy of the order.</p> <p>Resident #3 was admitted to the facility on 4/2/08 with multiple diagnoses including hypertension, acute renal insufficiency, and diabetes mellitus. Resident #3's medications included a container of Centrum Silver. Review of the medication administration record (MAR) and physician's order revealed no physician's order for the medication. On 9/17/08, Employee #2 reported a family member had asked to provide the vitamin to the resident, but she had no physician order for the vitamin.</p> <p>Resident #6 was admitted to the facility on 10/28/06 with multiple diagnoses including hypertension and benign prostatic hypertrophy. Resident #6's medications included a vial of Cyanocobalamin 1000 mcg/ml injectable. Resident #6 was to receive 1.0 ml (1000 mcg) via intramuscular injection every month. Review of the MAR and physician's order revealed no physician's order for the medication. On 9/17/08, Employee #4 reported she was not aware of the medication being given at all. Employee #2 also reported the medication was being given at the physician's clinic every month. Employee #2 also confirmed there were no records in the facility to reflect an order for the medication. The medication was taken by Resident #6 to the physician's clinic every month and it was assumed the medication was given upon leaving the clinic.</p> <p>Severity: 2 Scope: 2</p>	Y 898			

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Y 936 Y 936 SS=F	Continued From page 12 449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/17/08, the facility failed to ensure 5 of 8 residents received the required tuberculosis (TB) screening tests (#2, #3, #5, #7 and #8). Findings include: Resident #2 was admitted to the facility on 7/7/08. Resident #2's file did not contain documented evidence of a completed two-step TB screening test. Resident #3 was admitted to the facility on 4/2/08. Resident #3's file did not contain documented evidence of a completed two-step TB screening test. Resident #5 was admitted to the facility on 9/20/06. Resident #5's file did not contain documented evidence of an annual TB screening test for 2007.	Y 936 Y 936		

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Y 936	Continued From page 13 Resident #7 was admitted to the facility on 7/26/08. Resident #7's file did not contain documented evidence of a completed two-step TB screening test. Resident #8 was admitted to the facility on 6/12/07. Resident #8's file did not contain documented evidence of a completed TB screening test. Severity: 2 Scope: 3	Y 936			
YA526 SS=C	449.260(1)(a-g,2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents; (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; (c) Plan recreational opportunities that are suited to the interests and capacities of the residents; (d) Provide each resident with a written program of activities; (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities; (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance; and	YA526			

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YA526	Continued From page 14 (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interview on 9/ 17/08, the facility failed to maintain a written record of the weekly activity program for 8 of 8 residents. Findings include: On 9/17/08 during the initial tour of the facility, it was observed the activity program for the day was written on a dry-erase board. Employee #2 reported that the facility did not keep any documentation for the activities being provided at the facility. Employee #2 further confirmed activities for the day were written on the dry-erase board so there were no past activity calendars available for review. This is a repeat deficiency from the 6/13/07 State Licensure survey. Severity: 1 Scope: 3	YA526			
YA773 SS=G	449.2726(a,b) Diabetes NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance;	YA773			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4063AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2008
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA773	<p>Continued From page 15</p> <p>or</p> <p>(2) A medical laboratory licensed pursuant to chapter 652 of NRS; and</p> <p>(b) The resident's medication is administered:</p> <p>(1) By the resident himself without assistance;</p> <p>(2) By a medical professional, or licensed practical nurse, who is:</p> <p>(I) Not employed by the residential facility;</p> <p>(II) Acting within his authorized scope of practice and in accordance with all applicable statutes and regulations; and</p> <p>(III) Trained to administer the medication; or</p> <p>(3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews on 9/17/08, the facility failed to comply with the regulations regarding residents with diabetes for 1 of 8 residents (#8).</p> <p>Findings include:</p> <p>Resident #8 was admitted to the facility on 6/12/07 with multiple diagnoses including diabetes and insomnia.</p> <p>On 9/17/08 at 2:30 PM, Resident #8 reported she received insulin injections and needed blood sugar testing. The resident stated Employee #2 was performing the blood sugar checks and injecting her with insulin as needed. The resident said, "I could do it myself but they wanted to do it for me so I let them."</p>	YA773		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4063AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2008
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA773	Continued From page 16 On 9/17/08 at 2:50 PM, Employee #2 reported Resident #8 was performing her own blood sugar level checks and self-administering insulin. Severity: 3 Scope: 1	YA773		

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